# The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME VII WINTER, 1950 Number 7


## The Roving Reporter

As yet the Hampden District Medical Society has no Women's Auxiliary but when its call went out for volunteers to help at the Diabetes Detection booth at the Eastern States Exposition, the Wesson Hospital Auxiliary, wives, sisters and daughters of the staff, responded promptly and stayed until the last gun was fired. These women are workers from the word go, and we understand that there is a similar group connected with the Mercy Hospital. The organization of a Women's Auxiliary of the Mass. Medical Society, Hampden District, ought to be easy.

The newcomer to the list of medical societies, the Academy of General Practice, convened in Boston last month at which short and pithy addresses on problems related to everyday medical practice, were given by topflight medicos. The specialist of today no longer inhabits an ivory tower, but has come down to earth. Confronted by a common danger the profession is united as never before by a common interest. To paraphrase Kipling, the most eminent specialists and the humblest G. P's are brothers under the skin.

And we notice that creeping in to all medical addresses, there is a greater concern for the patient, not as a case but an individual who looks to us to protect his interests. The "Share the Nurse" campaign is an example of cutting the expense of a private nurse by dividing her time between two or even three patients, a plan which will also help to reduce the nursing deficit.

We attended the Interstate Post Graduate Assembly in Philadelphia, the most perfectly run organization of its kind. Everybody was talking about the excellence of the program, every speaker on time, nobody overtime. Even the banquet scheduled for seven o'clock began at seven with practically everyone at his place. We were impressed also with the speakers' diction. Their platform ease was a welcome relief from the usual presentation. It was quite evident they had long training in class room and clinic. A few lessons in public speaking would add much to the profit and enjoyment of our meetings. At the banquet we sat beside a doctor who is on the staff of a hospital where there is a new superintendent lately from London, England. He is reported as stating that the British doctors like the new system of free medical care, and think it advantageous to both doctors and patients; though it has several bad features which they believe can be ironed out. This is a little different from what we have read in the newspapers, however, we did see not long ago, that the raids on spectacles, dentures etc. was to be stopped by charging for them, also that the number of calls upon the doctor was to be limited. Be that as it may, socialized medicine in Britain is probably the best thing that could happen to open our eyes to our own shortcomings. If we are honest in the determination to rout out the abuses in our system, we need have no

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# Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult." —Hippocrates, 430 B.C.

This Issue 500 Copies



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## The Great Bear

Are you one of that company, large or small, whose copies of Boswell's **Life of Johnson** "stands ever at the bed head, dog eared and shabby with handling," or are you numbered with those other less fortunate souls who had said **Life** stuffed down their throats in regular college class assignments? Of course, if we had sat at the inspired feet of Chauncey Tinker we, too, might have contemplated this Curmudgeon with less rancor and might even have tried to seek the reasons for his fame. No one ever told us that James Boswell was an engaging, nay exciting "tosspot, womanizer and Merry Andrew," a fancier of emotional experiences wherever he could find them, on the gallows or in the bagnio; a fitter of words to them. As a matter of fact, Boswell's private papers were not discovered until 1928, long after our four year struggle toward the cultured status ended, at least under professional tutelage.

So now, belatedly, we are attempting to correct our impressions of Dr. Samuel Johnson, under our own power, but with the aid of Brother Boswell and a number of "Tink" inspired scholars like Wilmarth Lewis who recently have presented their essays to Dr. Tinker.*

First off, Katherine C. Balderson offers proof from the correspondence that Johnson's "vile melancholy" was in reality a perverted physical **vita sexualis** following stern repressions after the death of his wife. The fear that sanity was slipping from his grasp colored his outlook on life in general. So the critic had plenty of reason to be severe. And the question is raised once again as to the nature of genius. Does it spring from abnormal pathology whether psychic or endocrine, or is it merely a concomitant phenomenon? In other words, can anyone be a literary genius and still be accepted as sane?

Editor's Note: Come on in; the water is not too clear, but there is plenty of room for doubters!

*The Age of Johnson – Yale U. Press N. H. – Pp 426.

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Introducing a local pastor at a Kansas City meeting, the chairman apologized to the gathering for being unable to obtain the first two speakers invited. "I feel a little like a bundle of old rags stuffed in a broken windowpane," the minister remarked slyly as he started his lecture.

First to reach him at the conclusion of his talk was a little old lady who hastened to assure him, "Oh, Doctor, your're not old rags; your're a pane!"


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## Statlier Mansions

After the shock of increased dues that caught not a few Massachusetts Medical Society members unaware by their own confessions in spite of repeated publication in their official organ that they subsidize and are supposed to read, it would be well for one and all of our seven thousand odd total to familiarize themselves with current proposals that may cost each one several more dollars. The question of what to do about society headquarters, after ten years of academic incubation in Frank Ober's warming oven, has been brought out to the front of the stove.

Obviously the continued growth in membership puts added strain on the office space and meeting rooms at 8 Fenway, the home of the Boston Medical Library, that also needs more room. Without the provision of additional space, the temporary solution must lie in lessened proportional representation in the make-up of the council. More lasting benefit would come from building on additions behind the present structure or taking over the hotel next door on Boylston Street. Our building fund has reached sufficient proportions to bring some such move within reach.

Of course the dream of the Natural Scientists of an outstanding Scientific Center down by the Charles River dam is a splendid vision indeed, with planetarium, libraries, large halls and adequate parking space reachable by a new express highway. Facilities also would lie at hand for dunking overheated debaters in the Basin. The greatest difficulty, naturally, is the great cost. The Municipality of Boston is notoriously short of funds except around election time. The budget of the Commonwealth is too overburdened as it is to permit financial aid, and the Great White Father seems in need of transfusions rather than further bleeding now or in the immediate future.

Another proposition that might appeal to us hinterlanders even more would be to follow the trend of the clothing and furniture merchants, the chains and large department stores and buy up enough suburban land out among the race tracks, nurseries and roadhouses near route 2 or 20 to permit the transfer of our headquarters, The Medical Library, the State Department of Public Health and the Harvard School of Public Health. Such a group might well share the expense of heating and general upkeep as well as meeting rooms, halls and parking lots, if only adequate funds could be raised to meet expenses.

Wisely, neither the Committee nor the Council felt equal to committing the Society to any of these plans. Instead, the Council at the October meeting, adopted the suggestion that an expert be retained to make a full time investigation of our several needs and resourses. He would then bring in definite recommendations for the Committee to consider before submission to the Council for action. Between now and February, members should be mulling over these propositions in order to be able to instruct their representatives in the Council on how to decide for them.

Shall or shall we not, (with apologies to Dr. Holmes),

> Leave our low-vaulted past . . .
> Till we at length are free,
> Leaving our outgrown shell to others
> less than we?

---

"My boy friend doesn't smoke, drink or swear."

"Hmmm, does he make all his own dresses?"

COMPLIMENTS
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**Rich man, poor man, beggerman, thief,**

## --- Doctor ---

The claim is being made repeatedly that the practice of medicine is financially lucrative. National polls rate medicine highest in this respect and attribute their conclusions to the law of supply and demand.

The course of study in medicine is longer now than ever and surely the investment in time and money offsets to some degree the relatively large income some physicians enjoy during their peak years.

This contribution is not concerned with the pecuniary aspect, but is an effort to explore underlying trends.

The increased demand for medical care would seem to spring from two sources. The publicity given to medical innovations with a resultant curiosity and half-baked education of the public and the neurotic fear of pain, illness and death that our soft, pleasure loving living has inculcated in us.

The profession is not blameless in its lack of disdain for publicity. In a laissez faire economy, it is difficult not to practice good business methods by increasing the demand, if no law of the land, or ethical standard of medical societies are violated.

Except for these two restrictions, we have but the conscience of the physician and the voice of public opinion (mostly medical) to curtail what might be regarded as exploitation.

Our errors in medical judgment bother us even though we are not reminded of them by fellow practitioners.

Are we equally bothered by self accusations and those not so silent accusations of our medical confreres—accusations that we are either deiberately "over selling" medical care, or that we are naively ignorant as to what constitutes too much medical attention.

How much of this accounts for our crowded hospitals? Some feel it is a great factor.

Non-profit insurance officials have implied there is much overcharging, if not overselling.

Perhaps medicine has become a good business, and if so, perhaps it needs a good efficiency expert.

It is hard to resist the drift of the times in which the poor are hoodwinked into buying things they do not need at prices they should not be forced to pay.

This is the commonest criticism of doctors, by doctors. We must maintain the hard won dignity that the word "doctor" connotes. The old saying—a good doctor, but a poor business man is better than the converse.

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## NORFOLK NEWS

The courtesy of the **Norfolk News** in forwarding copies of their publication is an inspiration to those who are attempting to edit a similar, though less pretentious publication.

The boldness of their editorials on contentious subjects never fails to provoke responses.

This is like the applause of an audience for it shows the articles are read.

Your editors on the **Hippocrat** will welcome criticism and be glad to print appropriate letters on matters of common interest. We are really trying to needle you—won't you respond?

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Teacher: "Who can name a liquid that won't freeze?"

Junior: "Hot water."

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## *Dear Hippocrat:*

Continuous advances in medicine and surgery are placing a heavy burden of responsibility on the staff of those hospitals which, because of geographic location, physical layout and equipment, as well as the quality of the medical staff, are in a position to provide postgraduate medical education for young doctors. These advances and the ever increasing growth in population of this country have out stepped the facilities of the existing schools and hospitals for postgraduate instruction. It is for these reasons that many large hospitals in the country, which are not officially connected with existing schools, are providing such needed postgraduate training.

The Springfield Hospital, realizing its obligations to the community, to the large metropolitan area in which it is located, and to the profession, initiated such a postgraduate educational program on July 1, 1949. The hospital provides a number of rotating internships and graduated resident training in medicine and in surgery. Graduate resident training in pathology and anesthesia is contemplated for the near future. This resident training program is supplemented by daily lectures, conferences, and seminars in the various fields of medicine emphasizing recent advances in the diagnosis and treatment of disease. The medical staff of the hospital, as well as men from other hospitals, participate in this educational program. Guest speakers and lecturers, prominent in their own field and usually attached to medical schools, provide additional stimulus and impetus to this program of postgraduate education. The various departments of the hospital are closely integrated and the entire program is under the supervision of a director of medical education, whose main task is to provide continuous and high grade instruction by qualified men to all those physicians and surgeons who seek further education to maintain the high standards of medical practice of which this country may well be proud.

Thus, The Springfield Hospital has joined the ranks of those hospitals in the country which have accepted the challenge made to the medical profession in this "changing order," and has assumed this new responsibility placed upon teaching hospitals, a responsibility which it could not shirk any longer was it to continue to grow as a hospital providing the highest grade of medical care for a large proportion of the people of this Commonwealth.

William Kaufman, M. D.
Pathologist and Director of
Medical Education

### THE ROVING REPORTER

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fear that socialized medicine will be forced upon us.

The exhibits at this convention were outstanding—and Convention Hall with its proximity to the University of Pennsylvania—an ideal meeting place. Then too this City of Brotherly Love, with Benjamin Franklin, the Liberty Bell, Betsy Ross and countless other reminders of our rich heritage, is a most appropriate spot to impress upon us that medical freedom like every other, must be fought for.

Recommended for relaxation:—"Siam Doctor" by Jacques May. This gives an interesting account of medicine in the tropics, where things are seldom what they seem.

---

I'll see you," said our hero as he laid down four aces in a game of strip poker.

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# BLUE SHIELD

**Tentative Minutes of Meeting of The Blue Shield Fee Committee on Internal Medicine**

A meeting of the Blue Shield Fee Committee on Internal Medicine was held at the Harvard Club, Boston on Tuesday, November 2, 1949, at 6:00 p. m.

Committee members present were Drs. Norman A. Welch, John J. Dumphy, Edward C. Smith, John C. Corrigan, Paul J. Crehan, John H. Cauley, and William A. R. Chapin. Others present were Dr. Charles G. Hayden, Executive Director of Blue Shield, and Mr. L. T. Reed, Assistant Executive Director of Blue Shield. Dr. Welch, the Chairman, presided and Dr. Hayden kept the minutes of the meeting.

Dr. Welch stated that the Blue Shield program providing benefits for medical (non-surgical) services in the hospital had been in operation for about two and one-half years, and that during this period certain administrative problems had arisen which needed solution and certain criticisms had been received which needed examination. Dr. Welch then posed the question of whether the current Blue Shield schedule of fees for medical (non-surgical) services was adequate.

During the discussion it was pointed out:

1. That the basic Blue Shield fees for medical services were $5.00 for the first day and $3.00 for each succeeding day through a period of twenty-one (21) days, but that allowances were provided for surgical aids, shock therapy and skin testing.

2. That all Blue Shield fees represent about what persons in the under-income bracket might be expected to pay were they to purchase their care in absence of a prepayment program.

3. That while the fees may be inadequate when applied to certain short stay diagnostic cases, the extended payment for longer-term cases tends to counterbalance this inadequacy.

4. That while in those hospitals without interns or residents the fees may be inadequate, most of the medical services rendered in these institutions is provided by general practitioners who also undertake general surgery and obstetrics for which they also receive Blue Shield fees.

Upon motion duly made and seconded, it was

**VOTED** that the present Blue Shield schedule of fees for medical (non-surgical) services should not be altered at this time.

The next matter to come before the meeting was consideration of the feasibility of developing a service contract for persons presently in the over-income category, said contract to provide for higher income limits and increased fees and subscription charges.

Following discussion and upon motion duly made and seconded, it was

**VOTED** that the Committee favor in principle the development of a service benefit contract for persons currently in the over-income bracket, said contract to provide for an upper income limit in the neighborhood of $5,000 for the family, with increased fees and subscription charges.

The next matter to come before the committee was the determination and/or confirmation of fees for certain procedures in the field of medical (non-surgical) services.

Following discussion and upon motion

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COMPLIMENTS
**Ernest A. Byron**
SPRINGFIELD

duly made and seconded, it was

**VOTED** that the fee for exchange or replacement transfusion should be $50.00 per participating physician directly involved.

**VOTED** that the fees for shock therapy be established as follows:

Electric Shock Therapy – 10.00 per treatment
Maximum – $50.00 plus medical care
Insulin Shock Therapy – $3.00 per treatment
Maximum – $50.00 plus medical care

**VOTED** that the fees for skin testing be established as follows:

Diagnostic Skin Tests
1. Routine scratch test – $15.00
2. Scratch and intradermal – $25.00

**VOTED** that no fee be provided for the administration of radioactive agents, such as radioactive iodine and phosphorus, to other than hospitalized bed patients on the grounds that this service is medical rather than radiologic, and that in the case of hospitalized bed patients no additional allowance over and above the basic fees for medical (non-surgical) services be provided for this procedure.

Various mechanisms for the provision of benefits for medical (non-surgical) services in the home and office were discussed. It was the common concensus of opinion that no action in this regard be taken at this time.

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Mrs. Brown was complaining to her doctor that his bill was unreasonably high. "Don't forget, "he reminded her, "that I made 11 visits to your home while your son had the measles."

"And don't you forget," she countered, "that he infected the whole school."

## Have A Heart

Last May the members of the Massachusetts Medical Society and their guests were privileged to listen to Paul D. White as he gave the Shattuck Lecture during our annual meeting in Worcester. Those who missed this treat still may profit by turning to the New England Journal of Medicine for May 26, 1949, where it is given precedence as the leading article.

Taking as his text a treatise, **" La Medecine du Coeur,"** published by M. Petit at Lyon, France in 1806, he elaborated out of his own large experience the thesis that the art and science of medicine fundamentally are one, and should not be considered separate entities. As he gave that urgent yet kindly message, the remembrance came readily to mind of his effect on the many patients who have been referred to him over the years. Not only are they correctly adjusted to their individual problems, but their love for the doctor who revealed to them his own heart speaks for true greatness. In him science and the art are perfectly blended. They are rendered more workable by his uncommon sense and his warming sense of humor.

Little did Paul think delivering this lecture that he would be asked to demonstrate how accomplished a practitioner he is on a trip West last summer. One of those patients related the story to me, so I wrote for the details and permission to broadcast them here.

"Yes," wrote Paul, "the whole family had a most interesting time in the west. We spent most of the time in northwest Wyoming, 40 miles out of Cody, in beautiful mountain country, riding and fishing. While there one day I was asked to see a cow in a considerable state of col-

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# BACKGROUND

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## HAVE A HEART

(continued from page 7)

lapse following a very hard obstetrical delivery aided by the ranch hands. She had been in the hills and no one knew how long the labor had continued but when we finally saw her several hours after delivery she was lying in such a position with her eyes rolled up that one of the old hands said it meant she was "about to die." She must have looked moribund, but the scientific urge drove our **Homme du Coeur** to search for evidence. "I felt he continued, "a very strong pulse at a rate of 80 in the leg and gave a better prognosis, advising nursing care and protesting against injection of any powerful drug, (which we didn't have with us anyway). With the help of a little water and brushing off the flies, and not the least of all, aid from God or nature, the cow in the course of an hour or two opened her eyes and later was able to be heaved into a standing position. Though wobbly for a while afterwards, she gradually became normal. The diagnosis of postpartum fatigue seemed the correct one." Now Elsie has been added to Alma and George and all the rest of his fans.

A post-script follows, "Being the only doctor on the ranch or within 40 miles, I also had the care of a patient with what is variously called "Rocky Mountain Quickstep," "Highway Thirty Disease," and "Yellowstonitis," a disagreeable but not fatal dysentery lasting a few days and due to "God knows what," at least no one out there knew the cause of it, although it is more or less epidemic in May, June, and July throughout that area. (Surgeon General Scheele has agreed to send out an epidemiologist to study this disease which, I am sure, is very bothersome to the tourists.")

And a second P. S., "Rocky Mountain spotted fever still exists in that region and we saw an instance or two of so-called Colorado tick fever. We ourselves were inoculated against spotted fever which I think is a good plan for anyone going out there in the spring or early summer when the ticks are numerous."

(To Be Continued in the Spring Issue)